Check for updates

The Power of Promotoras

Hispanic Health Care International
1–2
© The Author(s) 2024
Article reuse guidelines:
sagepub.com/journals-permissions
DOI: 10.1177/15404153241307133
journals.sagepub.com/home/hci

"You don't have to walk alone in your journey to health" (Welcome Wellness Health Education Resource Center, 2024)

Hispanics are the largest, and fastest growing, subgroup in the United States (U.S). According to U.S. Census Bureau projections, 1 in 4 people in the U.S. will be Hispanic by 2060. The U.S. Hispanic population is expected to continue to grow, while the non-Hispanic white population is projected to continue to decline. It is concerning that significant health inequities exist, in several areas of health, for Hispanic people in the U.S. (Pew Research Center, 2023). Adverse social determinants of health (SDOH) are often at the root of health inequities for Hispanic people (LaVeist et al., 2023). One such example is the disparate, and growing, number of cases of type 2 diabetes mellitus among U.S. Hispanic people, which has been labeled as an epidemic by researchers (Aguayo-Mazzucato et al., 2019). Adverse SDOH contribute to challenges in accessing health care services and resources and engaging in healthful behaviors. Hence, there is a critical need to address adverse SDOH and advance health equity for Hispanic people, particularly in under-resourced communities.

A strategy that has helped under-resourced people enhance their health outcomes is to engage community health workers (CHWs). The important role of CHWs in health care dates to before the 1960's (Rosenthal et al., 2011). CHWs are lay individuals who are trusted by the community and make a positive impact on community health through the provision and facilitation of health care services (Trott et al., 2023) In the Hispanic community, these individuals are called 'promotoras'. Research studies have shown that promotoras/CHWs are key change agents who are effective. For example, CHWs have been successful in mitigating the negative impact of incarceration through the provision of social support (Wilmont & van Olphen, 2007). Promotoras/CHWs have been shown to enhance diabetes health outcomes in under-represented groups by helping people with diabetes increase their physical activity, engage in healthy eating, and attend health care visits (Heisler et al., 2014). Promotoras/CHWs have also been shown to help people with other chronic health conditions, such as hypertension and HIV disease, engage in treatment, take HIV medications as prescribed and practice healthful behaviors (Conley et al., 2019; Enriquez et al., 2015).

Promotoras/CHWs "meet people where they are" and utilize strategies that help people to engage in lifesaving and life-enhancing care and treatment. Because promotoras/CHWs are members of the community, they have insight into "what works" for their people. Among the services that promotoras/CHWs can provide are care coordination, health systems navigation, health coaching, facilitation of access to community resources and advocacy. I have personally witnessed the positive impact of promotoras/CHWs and their ability to connect with people when health care providers could not. Just one recent example: a promotora identified a member of the community with diabetes who needed eye care but had significant access challenges. The promotora forged a relationship with an eye care specialist who agreed to provide an eye exam by bringing his mobile eye care unit to the local community center. The intervention was such a success, that it has evolved into a mobile eye care program for the entire community. For those who are unable to pay, promotoras facilitate access for a voucher to cover the cost of the eye exam, and eyeglasses if needed, through a local non-profit organization.

Despite a wealth of sound evidence that shows that promotoras/CHWs enhance health outcomes, particularly for under-resourced people, they are often underutilized in health care organizations. The inability to obtain reimbursement for CHW services likely contributes to this underutilization. In the U.S., support of promotora/CHW services often depends on volunteerism and grant funding. However, while these strategies do support the provision of promotora/CHW services, the dependence on volunteerism and philanthropy can be challenging, and tiring, to sustain.

My state's Medicaid program does not provide reimbursement for CHW services. Hence, the promotoras/CHWs I currently work with are supported by non-profit organizations through donations and grant funding. However, I believe that promotoras/CHWs should be reimbursed for their services, just like other fundamental health care providers. Currently only about half of states provide reimbursement for CHW services through Medicaid (Gyurina & Victoriano, 2024). Moreover, reimbursement from Medicaid for CHW services varies greatly state by state (www.cthealth.org). For example, some states reimburse for CHW services in a fee for service structure while others provide a monthly "lump sum". In 2024, Medicare began providing reimbursement for CHW services. Of note, Medicare does not directly reimburse CHWs, and billing occurs via the primary health care provider (Moore, 2024). Other insurers may recognize the services of CHWs, but reimbursement is uncertain. There is currently a lack of standardization of billing and coding for CHW services in the U.S. (Saleski & McNeill, 2022).

Promotoras/CHWs are skilled in problem solving and in utilizing culturally acceptable strategies to help people navigate

the health care system and access the health resources and care they need (Li et al., 2023). Having witnessed the 'power of promotoras', particularly within under-resourced communities, I feel these talented and committed individuals should routinely be members of health care teams. Ready access to promotoras/CHWs has been shown to advance health equity through their ability to help mitigate adverse SDOH and to enhance access to necessary health care services and health resources. I believe supporting the reimbursement of promotora/CHW services, and providing them with equitable remuneration, would lead to a healthier world.

Maithe Enriquez, APRN, PhD, FAAN
Editor-in-Chief, Hispanic Health Care International

References

Aguayo-Mazzucato, C., Diaque, P., Hernandez, S., Rosas, S., Kostic, A., & Caballero, A. (2019 February). Understanding the growing edpidemic of type 2 diabetes in the Hispanic population living in the United States (2019). *Diabetes Metab Res Review*, *35*(2), e3097. https://doi.org/10.1002/dmrr.3097

Conley, T., Enriquez, M., Cheng, A., Jorge, D., Meristal, S., Coe, B., Logan, P., Stiles, S., Beall, G., Biggs, A., & McKinsey, D. (2019). The Jonas Hypertension Program: An academic-community partnership to address hypertension in four Dominican bateyes. *Hispanic Health Care International*, *17*(1), 11–17. https://doi.org/doi.10.1177/1540415318819487

Enriquez, M., Cheng, A., Banderas, J., Farnan, R., Chertoff, K., Hayes, D., Ortego, G., Moreno, J., Peterson, J., & McKinsey, D. (2015). A Peer-led medication adherence intervention targeting adults linked to medical care but without a suppressed viral load. *Journal International Association of Providers in AIDS Care*, *14*(5), 441–448. https://doi.org/doi.10.1177/2325957414558301

Gyurina, C., & Victoriano, L. (2024, January). Environmental Scan on Community Health Workers: a 50 state scan of Medicaid reimbursement approaches for the CHW workforce. Connecticut Health Foundation. www.cthealth.org

Heisler, M., Choi, H., Palmisano, G., et al. (2014). Comparison of community health worker-led diabetes medication decision-making support for low-income Latino and African American adults with diabetes using e-health tools versus print materials: A randomized, controlled trial. *Annals of Internal Medicine*, *161*(10 Suppl), S13–S22. https://doi.org/10.7326/M13-3012

LaVeist, T. A., Pérez-Stable, E. J., Richard, P., Anderson, A., Isaac, L. A., Santiago, R., Okoh, C., Breen, N., Farhat, T., Assenov, A., & Gaskin, D. J. (2023 May 16). The economic burden of racial, ethnic, and educational health inequities in the U.S. *JAMA*, *329*(19), 1682–1692. https://doi.org/10.1001/jama.2023.5965

Li, L., Chunquing, P., Nguyen, D., & Le, T. (2023). Networking community health workers for service integration: Role of social media. *AIDS Care*, *35*(7), 1030–1036. https://doi.org/10.1080/09540121.2021.2019668

Moore, M. (2024). What's Next for CHWs: Integrating Medicare reimbursement and broadening access. *Transform Health. transformmhc.com*.

Pew Research Center (2023). 5 Facts about Hispanic Americans and health care, 2023 October. https://pewsr.ch/35mSNvl

Rosenthal, L., Wiggins, N., Ingram, M., Mayfield-Johnson, S., & Zapein, G. (2011). Community health workers then and now: An overview of national studies aimed at defining the field. *Journal Ambulatory Care Manage*, *34*(3), 247–259. https://doi.org/10.1097/JAC.0b013e31821c64d7

Saleski, E., & McNeill, T. (2022). *Reimbursement strategies for employers of community health workers. Playbook better care for people with complex needs*. Center for Health Care Strategies. bettercareplaybook.org/resources/reimbursement-strategies-employers-community-health-workers.

Trott, J., Banos, J., & Regenstein, M. (2023). Growing and sustaining community health workers in Missouri. Health Policy and Management Issue Briefs Paper 63. 2023.

Wilmont, D., & van Olphen (2007). Challenging the health impacts of incarceration: The role for CHWs. *California Journal of Health Promotion*, *3*(2), 38–48. https://doi.org/10.32398/cjhp.v3i2.1762